2004 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # P99000100058

1. Entity Name

GRUBBS ENTERPRISES INC



Principal Place of Business

4628 S. MOON TRAIL PORT ORANGE, FL 32119 US Mailing Address

4628 S. MOON TRAIL PORT ORANGE, FL 32119

US

FILED Mar 01, 2004 8:00 am **Secretary of State**

03-01-2004 90039 023 ***150.00

UZUTUV



02112004

No Chg-P

CR2E034 (10/03)

4. FEI Number 59-3609163 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

_6_Name and Address of Current Registered Agent.

GRUBBS, TRACY E 4628 S. MOON TRAIL PORT ORANGE, FL 32119

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	named entity submits this statement for the p ions of registered agent.	urpose of changing its re	gistered offi	ice or ri	egistered agent, or both, in	n the State of Florida. I am familiar with, and accept	_
SIGNATURE_	Signature, typed or printed name of registered agent and title it	applicable. (NOTE: R	egistered Agent	signature	required when reinstating)	DATE	
	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.			\$5.00 May Be Added to Fees		-
10.	OFFICERS AND DIREC	TORS					-
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTST GRUBBS, TRACY 4628 S MOON TRAIL PORT ORANGE, FL 321 2 9						
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TITLE NAME STREET ADDRESS					IN TI	HIS SPACE	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with a

SIGNATURE:

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

TRACYGRUBBS PRESIDENT 2-24-04

386-756-0770